

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

FY 2022

Adolescent Hospital Overstay Grant Program (AHOGP)

Notice of Funding Availability (NOFA)

Submission Deadline: Friday, August 13, 2021, 5:00 PM

Funded by: State of Maryland Department of Health

Behavioral Health Administration
Spring Grove Hospital Complex
Dix, Mitchell and Vocational Rehabilitation Buildings
55 Wade Avenue
Castonsville, Maryland 21228
(410) 402-8300
https://health.maryland.gov/bha/Pages/Index.aspx

Larry Hogan, Governor Boyd K. Rutherford, Lt. Governor Dennis R. Schrader, Secretary

ELIGIBILITY

The purpose of the AHOGP is to make grants to private nonprofit entities to help them establish and operate mental health programs to provide residential programs for youth who require intensive services for stabilization following an inpatient hospitalization to allow placement in the least restrictive supportive environment, and who will otherwise remain in the the hospital for an extended hospital stay beyond medical necessity.

IMPORTANT LINKS

Application Instructions: https://health.maryland.gov/bha/Pages/Index.aspx

Program Overview

Pursuant to Maryland Code Health-General Article, § 10-902(a)(ix) and in accordance with the State budget and the rules and regulations that the Secretary of Health ("Secretary") adopts, the Secretary may make grants from or agreements for the use of State and federal funds to help public agencies or nonprofit organizations establish and operate local mental health programs to provide community residential programs for children and adolescents.

The Maryland Department of Health ("MDH" or "Department") plans to make grants to private nonprofit entities to help them establish and operate mental health programs to provide residential programs for youth who require intensive services for stabilization following an inpatient hospitalization to allow placement in the least restrictive supportive environment and who will otherwise remain in the the hospital for an extended hospital stay beyond medical necessity.

Purpose

Thank you for applying for the **Adolescent Hospital Overstay Grant Program** from the **Maryland Department of Health, Behavioral Health Administration.**

The Maryland Children's Cabinet in conjunction with the Maryland Department of Health has identified an immediate need to support adolescent populations experiencing extended and repetitive stays in hospitals for psychiatric purposes. The MDH has developed the Adolescent Hospital Overstay Grant Program ('AHOGP" or "Program") to provide support for the provision of additional services for adolescents experiencing extended and repetitive stays in hospitals and whose clinical needs are beyond the capacity of the current residential treatment settings licensed by MDH, the Department of Human Services ("DHS") and/or Department of Juvenile Services ("DJS") and as such have been denied, or are reasonably expected to be denied acceptance by these programs. MDH has developed this Program to provide funding in support of short-term enhanced stabilization treatment services to enable these youth to move from the hospital to the least restrictive supportive environment.

If you need application assistance, please contact:

Mindy Kim-Woo, Program Administrator
MDH Office of Facilities Management and Development
mindy.kim-woo@maryland.gov

If you need assistance with program criteria or have questions on program design, please contact:

Maria Francesca Rodowski-Stanco, MD Director, Child, Adolescent and Young Adult Services MDH Behavioral Health Administration maria.rodowski-stanco@maryland.gov

Vision and Mission of the Maryland Department of Health:

The vision of MDH is lifelong health and wellness for all Marylanders. We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement.

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I. ELIGIBILITY CRITERIA

General

The following entities in Maryland are eligible to submit an application for AHOGP funding:

Providers interested in submitting a grant application shall either (a) hold one of the active program licenses described below or; (b) submit a proposal to create a new licensed program in support of the Program objectives.

To be deemed eligible for participation in the Program, Providers shall comply with core licensing standards of COMAR 14.31.05, 14.31.06, and the established specialized supplemental licensing and monitoring standards in 14.31.07 or the requirements of COMAR 10.07.04 for the identified eligible residential child care programs including:

- 1. Therapeutic Group Homes (MDH licensed facilities regulated under COMAR 10.21.07) New programs providing enhanced stabilization and support services shall prepare and submit a budget for services.
- 2. Psychiatric Residential Treatment Centers for Emotionally Disturbed Children and Adolescents (RTCs MDH licensed facilities regulated under COMAR 10.07.04) The grant funds would be for services provided outside of the Medicaid RTC payments.
- 3. Developmental Disabilities Administration Community Residential Services Models (MDH licensed facilities regulated under COMAR 10.22.02). New programs providing enhanced stabilization and support services shall prepare and submit a budget for services.

II. PROGRAM POPULATION

General

Based on the analysis of available data, MDH projects an initial need to provide therapeutic psychiatric residential services for approximately twenty-five (25) adolescents annually up to age 21. The Department projects eighteen (18) beds will be required to admit and treat adolescents waiting in hospitals for placement based on the projected length of stay and the broad age range and diagnoses of identified patients.

Populations to be served also include diagnostic and psychosocial/behavioral categories that may include, but which are not limited to:

- 1. Youth with multiple developmental, psychiatric, and behavioral challenges, including youth with significant cognitive disabilities, those pursuing a Mayland High School Certificate of Program Completion, or autism;
- 2. Youth with history of severe aggression/assaults, history of significant neglect and trauma, reactive attachment disorders, fetal alcohol effects, and serious fire setting behaviors;
- 3. Youth with serious co-occurring substance-use disorders;
- 4. Youth with sexually reactive behaviors, youth who have been sexually trafficked and others with increased flight (AWOL) risk;
- 5. Youth who are chronically suicidal and/or with severe self-injurious behaviors; and

6. Youth in agency custody or with agency involvement who are over age eighteen and/or who have completed a GED.

III. PROGRAM REQUIREMENTS, SERVICES, AND PERFORMANCE MONITORING

Youth placement, rate setting, provider services, and performance monitoring criteria for the Program are established in COMAR 14.31.03-07, COMAR 10.07.04, and incorporated regulations. The goal of the Adolescent Hospital Overstay Program is to provide funding for intensive services for stabilization following an inpatient hospitalization to allow placement of youth in the least restrictive supportive environment. This may include long term voluntary placements. Services required include, but are not limited to:

- 1. Participation in the Program and award of funding is contingent upon providers agreeing to a 'no reject, no eject' policy. Providers participating in the program must be able to provide immediate access to services. The intention of the program is to develop beds and services that are ready for youth placement to avoid medically unnecessary hospital overstays.
- 2. Providers participating in the program will be funded at levels necessary to provide required services and to meet required patient environment of care standards for safety and security. Once these services are in place and the environment of care has been certified for use, providers must accept youth placements that align with the service line expertise available for their licensed program. MDH will work with program providers to support placement. This does not preclude providers from engaging inpatient hospitals, for issues of imminent risk to self or others, subsequent to placement of youth, but programs shall be required to accept the return of youth to the funded program as condition of program participation and acceptance of funding.
- 3. A minimum 1:2 (staff to resident) ratio shall be required. Some individualized treatment plans may require higher staffing ratios such as 3:2 (staff to resident), 1:1(staff to resident), or higher. Program budgets should include pricing for staffing ratios as described on a per day per youth basis. Staff must be trained for work with high acuity youth with potential severe aggressive behavior. Staff must be trained to de-escalate and manage youth. Facilities may require staff that also serve in a dual service security/program staff function in accordance with regulations. Proposals for alternative solutions to the challenges of a highly unstable and unpredictable population will be considered.
- 4. Intensive Treatment (Psychiatric Treatment) Services. Program shall include staff trained and certified to provide psychiatric evaluation and treatment services with preference given for specialized evidence based treatment protocols. Admissions beyond 120 days will be at the discretion of the overseeing / evaluating body.
- 5. Individual, Group, and Family counseling, including trauma informed services and the capacity to develop individualized treatment plans including behavioral modification plans.
- 6. Medication and medical management including availability of PRN medications.
- 7. Availability for "hands on" interventions / brief seclusion / restraint services in accordance with the licensing entity's regulations.
- 8. All staff must be trained using a nationally recognized crisis de-escalation model.
- 9. All programs shall include educational services that meet State standards pursuant to the Maryland Education Article and its corresponding regulations. Educational programming must allow students to earn credits towards a Maryland High School Diploma or pursue a Maryland High School Certificate of Program Completion, as appropriate. The educational program

- must also comply with Federal and State education laws, including the Individuals with Disabilities Education Act ("IDEA") and Section 504 of the Rehabilitation Act ("Section 504").
- 10. Ability to provide directly or obtain neuropsychological evaluation services as needed.
- 11. Providers shall provide appropriate programming in accordance with the MDH, DJS, or DHS policies, and regulations, unless waived.
- 12. Providers shall implement guidelines as provided by the CDC and the MDH, and any emergency executive orders.

IV. PROGRAM DESCRIPTION

A. Requiring Agency

Maryland Department of Health, Behavioral Health Administration

B. Opportunity Title

Adolescent Hospital Overstay Grant Program

C. Submission Date

Friday, August 13, 2021 by 5:00 pm

D. Anticipated Period of Performance

September 2021 with funding available to support multiple award years

E. Funding Opportunity Description

The Department of Budget and Management ("DBM") has allocated \$5 million annually to the Maryland Department of Health beginning in Fiscal Year 2022 to support the Program. Funding is available to support multiple award years with an option for commitment by the Department for up to five years to eligible providers contingent upon future funding appropriation.

- 1. Grant funding for the placement and care of youth is governed by the annotated Code of Maryland, Health-General Article, §10-902(a)(ix). Grant funding will support services for support of high acuity intensive psychiatric care programs.
- 2. Program funding may be considered to support the contracting of patient 'beds' to guarantee revenue streams for providers establishing stand-alone programs to support the Adolescent Hospital Overstay Grant Program. Providers selected for guaranteed revenue stream support shall not accept youth outside of the Program and shall provide services suitable for placement of multiple patients of varying age, gender, and diagnoses. The expectation of the Department is that the Program will fully support the placement of youth and will have little to no vacancy annually providing continual placement support services. Providers interested in developing dedicated stand-alone programs shall work with the Department to develop program parameters and contractual agreements for multi-year award of funding for a period of up to five (5) years subject to compliance with performance standards and expectations for care.
- 3. Capital program improvements are not the focus of the grant program. Providers with substantial infrastructure in place may be selected for grant funding to support limited improvements for Patient Environment of Care to enhance patient safety and welfare. Priority of funding award will focus on provider programs which are well suited to placement of youth

without large investments for Patient Environment of Care improvements. Capital improvements may include but are not expressly limited to:

- a. Installation of anti-ligature mitigation equipment to address suicidal and self-injurious behavior:
- b. Security improvements to prevent patient elopement;
- c. Elimination of materials that can be weaponized including removal and replacement of dangerous finish material, installation/securing of furniture; and
- d. Improvements to support educational/day program infrastructure.

All funding beyond FY 2022 is contingent upon the final approval of the Maryland Department of Health's proposed budget during Maryland's 2022 Legislative Session of the General Assembly.

V. APPLICATION PROCESS / TECHNICAL ASSISTANCE

Applicants are required to apply for grant funding through the Maryland Department of Health, Office of Facilities Management and Development. Submissions shall be emailed in electronic PDF format to:

Mindy J. Kim-Woo, JD
Program Administrator
Office of Facilities Management and Development
Maryland Department of Health
201 West Preston St., Room 538
Baltimore, MD 21201
(410) 767-6862
mindy.kim-woo@maryland.gov

If you need technical assistance with program criteria or have questions on program design, please contact:

Maria Francesca Rodowski-Stanco, MD Director, Child, Adolescent and Young Adult Services MDH Behavioral Health Administration maria.rodowski-stanco@maryland.gov

Will Andalora, M.Arch
Director
Office of Facilities Management and Development
Maryland Department of Health
201 West Preston St., Room 537
Baltimore, MD 21201
(410) 767-5926
william.andalora@maryland.gov

The Office will conduct a **technical assistance conference call** to provide further application assistance to answer questions.

The AHOGP technical assistance call will be held from 1:00 - 2:00 PM on July 21, 2021.

AHOGP Application Technical Assistance Webinar

Wednesday, July 21 · 1:00 – 2:00pm

Google Meet joining info

Video call link: https://meet.google.com/bid-mewg-oxv Or dial: (US) +1 617-675-4444 PIN: 600 680 206 0037#

More phone numbers: https://tel.meet/bid-mewg-oxv? pin=6006802060037

VI. IMPORTANT DATES

July 21, 2021: Date for Application Technical Assistance Webinar

August 12, 2021: Deadline to Submit an Application September 13, 2021: Intent to Fund/Denial Letters Emailed

VII. APPLICATION EVALUATION

The Maryland Department of Health, Office of Facilities Management and Development and the Behavioral Health Administration will assess the merits of the proposed program in each of the following areas and will score each application accordingly:

- Problem statement (10 points total)
- Program goals and objectives (15 points total)
- Program strategy/program logic (10 points total)
- Performance measurement (outputs, outcomes, and impacts) (20 points total)
- Timeline (5 points total)
- Spending plan and budget (reasonableness, cost effectiveness, detailed justification per line item) (30 points total)
- Management capabilities (5 points total)
- Sustainability (5 points total)

AHOGP is a competitive application process. The Maryland Department of Health, Office of Facilities Management and Development and the Behavioral Health Administration may conduct a multi-tier review, to include internal staff and external independent reviewers from participating Agencies of each application submitted in accordance with this Notice of Funding Availability. As part of the internal review, the Maryland Department of Health staff will also review the following for each application:

- Licensure (proposed program licensure)
- Service specialization and provider ability to serve a broad range of youth
- Scope of services provider can provide (geographic size and location)
- Audit findings
- Performance history with previous awards/services

VIII. FUNDING SPECIFICATIONS

A. Funding Cycle

Commencement of awards funded under AHOGP for FY 2022 will begin July 1, 2021 and end

on June 30, 2022. Programs may be eligible for multiple year funding awards. Funds are paid on a reimbursable basis.

B. Allowable Costs

The following is a partial listing of services, activities, and costs that are eligible for support with AHOGP funds within a recipient's organization. Other costs may be allowable with program review:

- 1. Personnel Operating expenses
- 2. Program Supplies
- 3. Educational Expenses
- 4. Environment of Care Equipment

C. Unallowable Costs

- 1. Lobbying and administrative advocacy
- 2. Perpetrator Rehabilitation and Counseling
- 3. Audit costs

The list above is not exhaustive. MDH reserves the right to make additional budget reductions/restrictions and adjustments at its discretion.

IX. DISTRIBUTION OF FUNDS & REPORTING REQUIREMENTS

The Maryland Department of Health's Behavioral Health Administration will distribute awarded funds to grantees on a monthly reimbursement of expenditures basis following the timely submission of corresponding monthly fiscal and programmatic reports.

A. Electronic Funds Transfer (EFT)

The MDH encourages the use of electronic funds transfer (EFT). To obtain the appropriate form, the address to submit the form, and a general overview, including FAQs, refer to the following website: https://marylandtaxes.gov/divisions/gad/eft-program.php.

See Form GADX-10 and the GAD 710 Form to instruct first time vendors to update vendor information with the General Accounting Division (GAD)/Comptroller of Maryland and to instruct existing vendors how to update changes in banking information.

B. Match

There is no match required for this funding source. Do NOT enter a match into your budget. If you wish to show other financial or in-kind contributions to your program, it may be written into your narrative.

C. Supplanting, Transparency, and Accountability

Supplanting is the use of MDH grant funds to replace state or local funds which were previously appropriated/budgeted for, or otherwise would have been spent on, the specific purpose(s) for

which this sub-award has been awarded. Any salaries, positions, personnel expenses, contractual expenses, equipment, travel, and other expenses paid for with Office grant funds must be used to supplement your organization's existing budget and may not replace any funds that were already included in your entity's existing or projected budget.

A strong emphasis is placed on accountability and transparency. Grantees must be prepared to track, report on, and document specific outcomes, benefits, and expenditures attributable to the use of grant funds. Misuse of grant funds may result in a range of penalties to include suspension of current and future funds and civil/criminal penalties.

X. APPLICATION CHECKLIST

What an Application Should Include:

	the Individuals with Disabilities Education Act ("IDEA") and Section 504 of the Rehabilitation Act ("Section 504")
	Cost to provide directly or obtain neuropsychological evaluation servicesEquipmentOther
(Certified Assurances
	Audit Findings/Corrective Action Plan (if applicable)
	Single Audit Requirements (if applicable)
	Proof of 501 (c)(3) Status (if applicable)
*Please note, i evaluation of a	f identified for potential award, additional information may be requested to aid in the pplications.
Additional Ap	plicant Resources:
-	- a statewide resource available by phone and internet 24/7 to connect residents to health cources: https://211md.org/

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